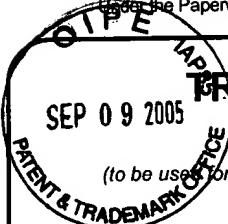


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL  
FORM

*(to be used for all correspondence after initial filing)*

---

**Total Number of Pages in This Submission**

Application Number	09/729,262
Filing Date	December 1, 2000
First Named Inventor	Y. Murakawa
Art Unit	2134
Examiner Name	Ellen C. Tran
Attorney Docket No.	MAT-8067US

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO 2038
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<u>Remarks:</u>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name	RatnerPrestia		
Signature			
Printed Name	Lawrence E. Ashery		
Date	September 7, 2005	Registration No.	34,515

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Danielle Murphy	Date	September 7, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/04.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**O P T FEE TRANSMITTAL**  
**For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 50.00)

**Complete if Known**

Application Number	09/729,262
Filing Date	December 1, 2000
First Named Inventor	Y. Murakawa
Examiner Name	Ellen C. Tran
Art Unit	2134
Attorney Docket No.	MAT-8067US

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

**Fee (\$)** **Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

24 - 20 or HP = 1 x 50 = 50

**Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

2 - 3 or HP = 0 x 50 = 0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

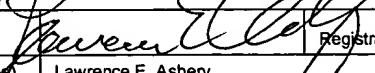
100 - 100 = 0 / 50 = 0 (round up to a whole number) x 50 = 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge)

SUBMITTED BY		Complete if applicable		
Signature		Registration No. Attorney/Agent)	34,515	Telephone (610) 407-0700
Name (Print/Type)	Lawrence E. Ashery		Date	September 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Application No.: 09/729,262  
Amendment Dated: September 7, 2005  
Reply to Office Action of: June 8, 2005

MAT-8067US



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No: 09/729,262  
Applicant: Yasushi Murakawa  
Filed: December 1, 2000  
Title: METHOD OF VIRTUAL PRIVATE NETWORK COMMUNICATION  
IN SECURITY GATEWAY APPARATUS AND SECURITY GATEWAY  
APPARATUS USING THE SAME  
TC/A.U.: 2134  
Examiner: Ellen C. Tran  
Confirmation No.: 6649  
Docket No.: MAT-8067US

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated **June 8, 2005**, please amend the above-identified application as follows:

- Amendments to the Specification** begin on page \_\_\_\_\_ of this paper.
- Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- Amendments to the Drawings** begin on page \_\_\_\_\_ of this paper and include an attached replacement sheet(s).
- Amendments to the Abstract** are on page \_\_\_\_\_ of this paper. A clean version of the Abstract is on page \_\_\_\_\_ of this paper.
- Remarks/Arguments** begin on page 7 of this paper.

DLM\_I:\MAT\8067US\AMEND\_03.DOC

09/12/2005 HGUTEMA1 00000036 09729262

01 FC:1202

50.00 DP